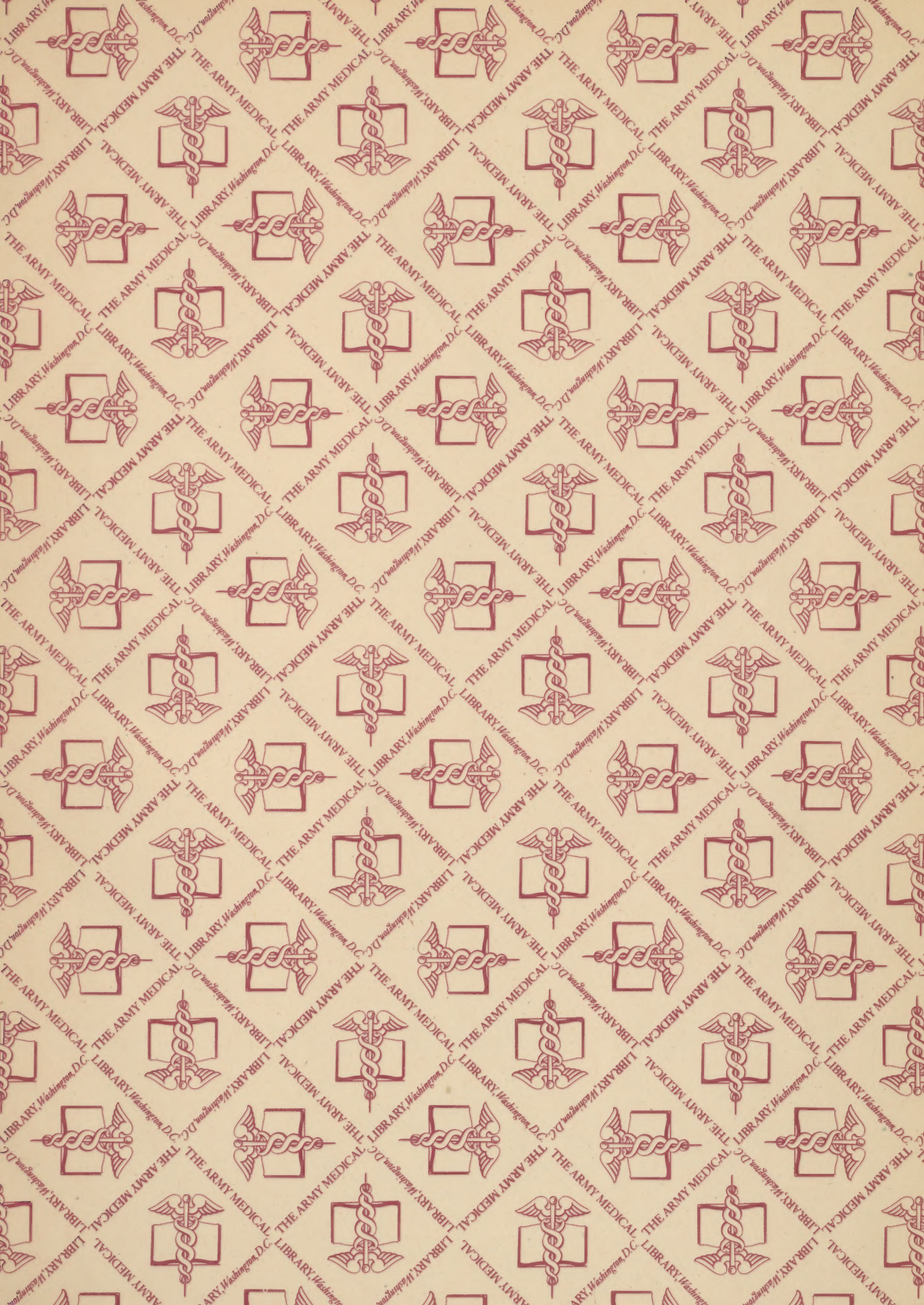
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OREGON STATE DEPARTMENT OF PUBLIC HEALTH

STATE BOARD OF HEALTH

STATE HEALTH OFFICER

ADMINISTRATION SECTION

DIVISIONS

- General Administration
- Statistics and Records
- Laboratories
- Health Education

PREVENTIVE MEDICAL SERVICES SECTION

DIVISIONS

- Disease Control Accidents Communicable diseases, tuberculosis, venereal diseases, cancer.
- Maternal and Child Health; Crippled Children; Nutrition
- Public Health Nursing
- Oral Health
- Adult Health and Industrial Hygiene
- Mental Hygiene

ENVIRONMENTAL SANITATION SECTION

DIVISIONS

- Public Health Engineering
- Camps and Resorts
- Plumbing
- Rodent Control
- Bedding and Upholstery
- Milk Sanitation
- Meat and Food Sanitation

LOCAL HEALTH SERVICES SECTION

ASSISTANT STATE HEALTH OFFICER

CONSULTING ADVISORY FIELD STAFF

STATE BOARD OF HEALTH
STATE HEALTH OFFICER
ADMINISTRATION SECTION
DIVISIONS
General Administration
Statistics and Records
Health Education
Laboratories
ENVIRONMENTAL SANITATION SECTION
DIVISIONS
Public Health Engineering
Sewage and Refuse
Plumbing
Housing Control
Housing and Subdivisions
Milk Sanitation
PREVENTIVE MEDICAL SERVICES SECTION
DIVISIONS
Public Health Nursing
Oral Health
Adult Health and Chronic Diseases
Maternal Health
Maternal and Child Health
Crippled Children
Industrial Hygiene
CONSULTING ENVIRONMENTAL SANITARIAN
LOCAL HEALTH SERVICES SECTION
SUPERVISING LOCAL HEALTH OFFICER
STATE LABORATORY

THE OREGON STATE BOARD OF HEALTH

Its Policies, Programs, and Needs

SCOPE AND SPONSORSHIP OF STUDY

The study of which this is a report was made by the American Public Health Association, through its field director,* at the request of the state health officer,** with the authorization of the Oregon State Board of Health.

This is one of a series of state health studies financed by a grant to the American Public Health Association by the Commonwealth Fund of New York. These studies, carried on under the sponsorship of the Committee on State Health Administration,*** a sub-committee of the Committee on Administrative Practice of the American Public Health Association, are granted only on request to a few selected states which have demonstrated to the satisfaction of the Committee that (a) there is a need for the study and (b) that there is sufficient interest and public health leadership in the state to justify the conclusion that effective use of the survey's findings and recommendations will be made. Other states and provinces included in the series of studies financed by the Commonwealth Fund are Oklahoma, Michigan, Florida, Manitoba, Illinois, Washington, and California.

Although sponsored by the American Public Health Association and more specifically by its Subcommittee on State Health Administration, the statements in this report are those of the field director and do not necessarily represent the opinion of the American Public Health Association, or its Subcommittee on State Health Administration.

This is essentially an administrative study designed to suggest a simplification of administration and a more effective approach to the problem of encouraging and implementing local full-time health programs geared to meet local needs. It makes no effort to evaluate the details of professional or technical procedures.

The surveyor is deeply grateful for the interest and splendid cooperation of the State Board of Health, the State Health Officer and all members of the staff of the State Board of Health, County and City Health Officers and of the Oregon Tuberculosis Association.

THE OREGON STATE BOARD OF HEALTH

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Corrections to be made in the Oregon Report

Page 19 - Recommendation No. 8 after the words "State Medical and Dental Associations insert "perhaps the City of Portland and Multnomah County Health Departments", and then go on with the Oregon TBC Association etc.

Page 20 - First paragraph - next to last line after the word "housekeeping" insert in parenthesis (maintenance of building including janitor, maid, linen and other services incident to the upkeep of the building.)

Page 26 - Following Recommendation 30 - Change wording concerning University of California, etc. to read, "Such a course is already available at the University of California. Perhaps the Oregon State College would be interested in establishing a course for sanitarians".

Page 30 - This was indeed a serious omission on my part. On the lower half of the page after "a" insert new "b" to read, "One or more well qualified generalized public health advisory nurses". Then change "b" to "c" and "c" to "d".

Page 31 - Next to last paragraph - Cross out the words "the pediatrician".

Major Observations and Recommendations

Observations

Viewed in the light of the foregoing aims and principles one finds that the Oregon program subscribes to and promotes them. This does not mean that all the objectives of the program have been achieved; it does mean that the principles adopted are in keeping with good administrative practice. The Oregon program has been developed gradually and perhaps somewhat conservatively but what has been and is being done is sound. What errors may have been made are errors of omission rather then commission.

Some phases of Oregon's program are strong, others are weak, nearly all need further implementation, and a few have hardly been started. Certain observations and recommendations will, it is hoped, clarify these strengths and weaknesses.

Strengths

The policies of the Oregon State Board of Health have been and are sound as judged by policies in effect throughout the country.

The Oregon State Board of Health has been fortunate in having had continued leadership in the person of but a single health officer for over twenty years.

Its programs have been planned in cooperation with the state medical and dental associations.

Nearly all of the Divisions of the State Board of Health (State Department of Health in most states) are in charge of capable well-trained professional persons.

The Assistant State Health Officer is also the Director of Local Health Service, which is in keeping with good administrative practice.

The Oregon health program is fortunate in having an unusually strong and effective State Tuberculosis Association with County Health Associations in each of the state's 36 counties.

The Venereal Disease program is well planned and capably administered. It is gratifying to note that a state wide treatment center for both sexes is soon to be established.

While there is no division of health education there has been some effective work in this field.

The Division of Public Health Nursing has an unusually well trained staff, has a long heritage of capable leadership and is a strong division.

The Division of Maternal and Child Health is capably administered and has done and is doing particularly good work in the protection and promotion of maternal and infant health.

The Division of Tuberculosis Control seems to be planning wisely, but its program is too new to evaluate it at this time.

The same remark applies to the programs in Industrial Hygiene and Vital Statistics.

The Division of Mental Hygiene apparently made an auspicious start but had to discontinue its activities because of the war.

While there are some weaknesses and some omissions, the public health laws, rules, and regulations of the State Board of Health are on the whole good.

While only twenty-one of the state's thirty-six counties are covered with full-time health departments they represent over 90 per cent of the total population.

Weaknesses

The most important weakness in Oregon's health program is a serious shortage of trained public health personnel, particularly sanitary officers and public health nurses. Three of the 19 full-time county or multiple county health departments are at present without a full-time health officer. Of the 19 full-time local health departments (exclusive of the City of Portland) only seven or 37 per cent have a sanitary officer. There are at present about 15 public health nursing vacancies in full-time health departments.

This shortage of trained public health personnel--far more serious than the shortages to be found in many other states--seems due to two factors, (a) low salaries, particularly of health officers and sanitarians, and (b) an apparent lack of understanding or appreciation on the part of the people of Oregon that a public health position on the home front is an

effective were in this field.

important part of the war effort and is just as much entitled to consideration and recognition as active service.

The responsibility for the control and supervision of milk, meat and other foods and food products and food handling establishments is (except for federal inspection of interstate meats) vested solely in the State Department of Agriculture.

While the Department of Agriculture does and should have a vitally important interest in these fields--animal husbandry and the promotion, development and protection of the farmers' interests--the public health aspects of these fields are also of far reaching importance and should unquestionably be the responsibility of full-time health departments. Milk, meat and other foods and food products can and have, when inadequately controlled and supervised, resulted in serious epidemics. Not to place the public health aspects of their control and supervision in full-time local health departments (which are the only agencies equipped to deal with these problems satisfactorily) is nothing short of folly.

The State Board of Health is composed solely of professional persons; there is no provision for lay representation. While this situation is not unique, the tendency is distinctly toward providing lay representation on state boards of health.

While at present the State Board of Health is fortunate in having as State Health Officer a man of long experience in public health, the law does not prescribe any special public health qualifications for the state health officer. This is a serious omission.

The State Board of Health (State Department of Health in most states) consists of some 14 more or less autonomous divisions whose activities are coordinated only through the person of the State Health Officer. This is an unwieldy and unsound plan of organization. It is not a plan which will lend itself to simplicity and facility of administration.

The Director of Local Health Service who is also the Assistant State Health Officer is a capable well trained man, but he has no staff to carry on much needed field service. There is no consultation-advisory field staff in the Division of Local Health Service.

There is need for a more effectively coordinated planned program of education in the field of social hygiene.

The State Board of Health has no epidemiologist or director of communicable disease control.

The responsibility for the control and supervision of milk, meat and other food products and food handling establishments is (except for federal inspection on interstate shipments) vested solely in the State Department of Agriculture.

While the Department of Agriculture does and should have a supervisory interest in these light-animal husbandry operations, development and production of the finest possible quality of these products and should vigorously do so, the responsibility or full-time local supervision must remain with local governments. Milk, meat and poultry products are perishable and dangerous if not properly cared for, when improperly handled and processed, resulting in serious epidemics. Both these products should be dealt with by the Department of Agriculture to the end that consumers may be assured of their safety and wholesomeness. Only by full-time local supervision can the public be protected and assured of this safety.

While at present the State Board of Health is charged in some States with the duty of [illegible] in public [illegible] law does not presently authorize public health [illegible] for the sale thereof.

There is a pressing need for a capable well trained director for the Division of Laboratories.

There is no Division of Health Education.

The amount of financial support for public health through state funds is exceptionally low in Oregon. Appropriations (for 1942-1943) for public health by the state legislature total 4.5 cents per capita (based on an estimated population of 1,191,229) which is one of the lowest per capita health appropriations of any state in the Union.

While the total number of beds for the care of the tuberculous is reasonably adequate, a considerable number of beds are not at present in use--because of man power shortages--and there are no facilities for the enforced hospitalization of the recalcitrant case and inadequate facilities for the domiciliary care of tuberculosis patients who would not be particularly benefited by modern sanatorium treatment.

Neither the state or local health officer is specifically authorized to hospitalize cases of tuberculosis. While complete figures are not available it seems safe to say that at least 50, probably more, cases of tuberculosis are at home who should be hospitalized.

There are in the Oregon State Board of Health too many one man divisions, that is divisions in which there is only one professionally trained person. This is unsound for a state the size and importance of Oregon in that it makes one man responsible for not only the planning and administration of the program, but also for the field work with local health departments which is more than one man can carry satisfactorily. Venereal Disease, Tuberculosis, Local Health Service, and Vital Statistics are all one man divisions as far as professional personnel is concerned.

There is no legislation which legalizes the formation of multiple county or city-county health departments and provides for a single board of health and a single fiscal agent for such departments.

The Oregon State Board of Health is altogether too reliant upon the U. S. Public Health Service for professional leadership. Three important divisions, Tuberculosis, Venereal Disease, and Industrial Hygiene are not only largely financed by but also almost if not entirely staffed by persons loaned from the U. S. Public Health Service. The persons now occupying these positions of divisional directors are well trained excellent men, but if it became necessary for the Public Health Service to move them (which might happen at any time), the Oregon State Board of Health would be sadly and seriously depleted.

The present quarters of the State Board of Health are inadequate and will not permit needed expansion.

preparing maid for a career will increase
the isolation of laboratories.

Delaying of the 5th Edition.

Thousands of financial support for public health through
a concentrated [illegible] in Oregon. Approximately
[illegible] for public health by the state legislature total
[illegible] per capita (based on an estimated population of
[illegible]) which is one of the lowest per capita health
[illegible] any state in the Union.

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[illegible] by modern sanitorium treatment.

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[illegible] to the [illegible] cases of tuberculosis. While compiling
[illegible] can not [illegible] it seems safe to say that at least 90%
[illegible] proper, cases of tuberculosis are at home and should be
[illegible].

There are in the Oregon State Board of Health two [illegible]
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[illegible]. [illegible]
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[illegible] not only the planning and coordination of the program,
[illegible] for the field work with Local Health Units [illegible] which
[illegible] in the two corp nutritionist. Venereal Diseases,
[illegible], Local Health Service, and Vital Statistics are all
[illegible] as far as [illegible] personnel is concerned.

There is no legislation which [illegible] the formation of
[illegible] county or citywide unit health department and provides
[illegible] beyond [illegible] not a single [illegible] for such
[illegible].

The Oregon State [illegible] is [illegible] by refund
[illegible] U. S. Public Health Service for professional [illegible]
[illegible], [illegible] Service. The [illegible] is [illegible] by the
[illegible] Service. The [illegible] covering [illegible]
[illegible] [illegible] specified [illegible], but [illegible]
[illegible] the Public Health Service [illegible], [illegible]
[illegible] [illegible]. The Oregon State Board of
[illegible].

MAJOR RECOMMENDATIONS

The following recommendations are made with a view of correcting the weaknesses spoken of in preceding paragraphs. It is recommended:

(1) THAT, THE AGENCY NOW KNOWN AS THE OREGON STATE BOARD OF HEALTH CHANGE ITS NAME TO THE OREGON STATE DEPARTMENT OF PUBLIC HEALTH.

(2) THAT, THE OREGON STATE DEPARTMENT OF PUBLIC HEALTH (FORMERLY THE OREGON STATE BOARD OF HEALTH) CONSIST OF TWO BRANCHES:

(a) THE STATE BOARD OF HEALTH AS THE ADVISORY, JUDICIARY, POLICY FORMING BUT NOT EXECUTIVE BRANCH OF THE DEPARTMENT, AND

(b) THE STATE HEALTH OFFICER AND HIS STAFF AS THE EXECUTIVE, ADMINISTRATIVE BRANCH OF THE DEPARTMENT.

It is further recommended:

(3) THAT THE STATE BOARD OF HEALTH BE COMPOSED OF FIVE DOCTORS OF MEDICINE AND FOUR PERSONS FROM OTHER WALKS OF LIFE.

This recommendation is made in the firm conviction that since public health services are for all persons, the people, that is the consumer, should have reasonable representation on the Board which is to formulate plans and policies for providing health services. Beyond the proviso that the Board should have reasonable medical representation, which will assure professional guidance, we do not believe that the appointing power should be any further limited.

It is further recommended:

(4) THAT, THE STATE HEALTH OFFICER WHO IS APPOINTED BY THE BOARD OF HEALTH, MAY ACT AS SECRETARY OF THE BOARD OF HEALTH BUT SHOULD NOT BE A VOTING MEMBER.

It is also strongly recommended:

(5) THAT NO PERSON SHALL BE ELIGIBLE TO APPOINTMENT AS STATE HEALTH OFFICER UNLESS SUCH PERSON SHALL BE A DOCTOR OF MEDICINE FROM A GRADE A MEDICAL SCHOOL AND SHALL HAVE HAD AT LEAST ONE YEAR OF SPECIAL POST GRADUATE TRAINING IN A RECOGNIZED SCHOOL OF PUBLIC HEALTH AND AT LEAST THREE YEARS EXPERIENCE IN A FULL-TIME HEALTH DEPARTMENT OR AGENCY OR IN LIEU OF SUCH POST GRADUATE TRAINING IN PUBLIC HEALTH HE SHALL HAVE HAD AT LEAST FIVE YEARS EXPERIENCE IN AN ADMINISTRATIVE POSITION IN A FULL-TIME HEALTH DEPARTMENT.

Organization of Department — As a means of bringing about a more effective coordination of the present fourteen relatively uncoordinated divisions, or preventing vertical administration, and of making possible the administration of the entire department through four well qualified executives, it is recommended:

(6) THAT, THE PRESENT, AND ANY FUTURE CONTEMPLATED DIVISIONS OF THE DEPARTMENT BE PLACED IN FOUR MAJOR SECTIONS TO BE KNOWN AS THE SECTIONS OF ADMINISTRATION, PREVENTIVE MEDICAL SERVICES, ENVIRONMENTAL SANITATION, AND LOCAL HEALTH SERVICE, AND THAT THE ATTACHED ORGANIZATIONAL CHART BE ADOPTED.

The several advantages of this plan of organization are:-

(a) It enables the State Health Officer to administer his entire department through a small number of executive officers.

(b) It avoids a large number of independent administrative units and enables the State Health Officer to correlate the work of the Department more effectively.

(c) It defines clearly the chain of responsibility of the directors of the several sections and division of the Department

(d) It centralizes the direction of divisions having close inter-relationships by placing administrative responsibility in the office of a single section director who in turn interprets the program and needs of these divisions to the State Health Officer.

It is also strongly recommended:

(a) [illegible]

Organization [illegible] a means of bringing about a more effective [illegible] coordination of the present fourteen relatively [illegible] unconnected divisions, corporations, [illegible] multiplication, and of nearly possible the [illegible] administration of the entire department through four well [illegible] qualified executives, it is recommended:

(c) [illegible]

The several advantages of this plan of reorganization are:

(a) It creates the State Health Officer to administer his [illegible] department through a small number of executive [illegible]

[illegible] and enable the State Health Officer to concentrate [illegible] the work of the Department more effectively.

(c) It defines clearly the limits of responsibility of the [illegible] of the several medical and division of the [illegible]

(d) It combines the [illegible] of activities having close [illegible] by the [illegible] of [illegible] section [illegible] to the [illegible] of [illegible] the [illegible] of [illegible] to the State Board of Health.

(e) It provides a clear cut channel to the field, through the Section of Local Health Service, for translating into effective local action the policies and techniques as worked out by the various divisions and approved by the State Health Officer.

It is further recommended:-

(6a) THAT, IN ADOPTING THE PLAN OF ORGANIZATION THE ADMINISTRATIVE RESPONSIBILITIES OF EACH SECTION, DIVISION OR SUB-DIVISION DIRECTOR BE CLEARLY DEFINED INCLUDING THE ADMINISTRATIVE PROCEDURES TO BE ADOPTED BY SECTION OR DIVISIONAL DIRECTORS IN DEALING WITH EACH OTHER.

(6b) THAT, THE FUNCTIONAL RESPONSIBILITIES OF EACH SECTION AND DIVISION DIRECTOR BE CEARLY DEFINED.

(6c) THAT, A MANUAL OF PROCEDURE FOR THE STATE DEPARTMENT OF PUBLIC HEALTH BE PUBLISHED EMBODYING THE PLAN OF ORGANIZATION AND DEFINING BOTH ADMINISTRATIVE AND FUNCTIONAL RESPONSIBILITIES.

(6d) THAT, IT BE CLEARLY UNDERSTOOD BY THE DEPARTMENT OF PUBLIC HEALTH AND THE MERIT SYSTEM THAT THE PLACEMENT OF ANY EXECUTIVE PERSON (SECTION, DIVISION OR SUB-DIVISION DIRECTOR) IN A CERTAIN POSITION ON A DIAGRAMATIC CHART OF ORGANIZATION MERELY DEFINES ADMINISTRATIVE RESPONSIBILITY. IT DOES NOT INDICATE FUNCTIONAL RESPONSIBILITY AND THE DIAGRAMATIC OR ADMINISTRATIVE PLACEMENT SHOULD HAVE NO RELATIONSHIP TO THE SALARY SCALE WHICH SHOULD BE ADOPTED FOR THAT POSITION.

Attention has already been called to the serious shortage of trained public health personnel in Oregon. This shortage is due in part at least to totally inadequate salary schedules. As an essential basis to the effective recruitment and retention in service of trained public health personnel, it is recommended:

(7) THAT A CAREFUL REVIEW AND STUDY OF THE PRESENT OR CONTEMPLATED MERIT SYSTEM BE MADE WITH A VIEW OF BRINGING ABOUT A MORE EQUITABLE SYSTEM OF CLASSIFICATION (PARTICULARLY IN CERTAIN FIELDS SUCH AS VITAL STATISTICS) AND A DEFINITE REVISION UPWARDS OF PROFESSIONAL SALARIES. SUCH STUDY SHOULD ALSO CONTEMPLATE THE ESTABLISHMENT OF SOME RETIREMENT PLAN.

Except for public health nurses salaries for professional public health personnel in Oregon are exceptionally low. Many capable public health people have left Oregon to take positions elsewhere because of the low salaries here. Oregon cannot hope to recruit and retain the best type of public health personnel unless it raises its salaries. No merit system can hope to be successful in the long run unless it has an adequate retirement plan.

(8) THAT, MORE ADEQUATE HOUSING FACILITIES FOR THE STATE HEALTH DEPARTMENT BE PROVIDED. A SINGLE BUILDING FOR THE STATE HEALTH DEPARTMENT, WHICH MIGHT ALSO PROVIDE QUARTERS FOR THE STATE MEDICAL AND DENTAL ASSOCIATIONS, THE OREGON TUBERCULOSIS ASSOCIATION AND POSSIBLY OTHER STATE-WIDE HEALTH ORGANIZATIONS, WOULD BE HIGHLY DESIRABLE.

(9) THAT, EVERY EFFORT BE MADE TO SECURE ADDITIONAL STATE APPROPRIATIONS FOR PUBLIC HEALTH.

The present state appropriations (1942-1943 for public health of 4.5 cents per capita is one of the lowest in the country.

(10) THAT LEGISLATION BE ENACTED PERMITTING THE ESTABLISHMENT OF CITY-COUNTY AND MULTIPLE COUNTY HEALTH DEPARTMENTS AND PROVIDING FOR A SINGLE BOARD OF HEALTH AND A SINGLE FISCAL AGENT FOR SUCH DEPARTMENTS.

ADMINISTRATION

General Administration

It is recommended:

(11) THAT THE DIVISION OF GENERAL ADMINISTRATION INCLUDE AT LEAST A PERSONNEL OFFICER AND A BUSINESS MANAGER AND FISCAL AGENT.

The personnel officer in addition to being in charge of personnel and personnel recruitment through the merit system, should also be in charge of procurement and assignment of stenographic and clerical assistance for the entire department. The business manager and fiscal agent should be responsible for housekeeping, purchasing and all fiscal affairs of the department.

The receipt and tabulation of communicable disease reports obviously should be transferred to the Division of Statistics and Records.

Statistics and Records

It is recommended:

(12) THAT THE NAME AND FUNCTION OF THE DIVISION OF VITAL STATISTICS BE CHANGED TO THE TITLE OF AND FUNCTIONS OF STATISTICS AND RECORDS.

This new division should include not only vital statistics, as at present, but also morbidity reports and analyses and receipt and processing of service records, side by side with problem statistics, mortality and morbidity statistics to which they refer.

(9) [illegible]

[illegible] appropriations (1942-1943) [illegible] per capita [illegible].

(10) [illegible] AND PROVIDE FOR A STUDY [illegible] SUCH IMPROVEMENTS.

[illegible]

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Statistics and Records

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(12) THAT THE [illegible] OF THE DIVISION [illegible] TO THE [illegible] AND PROCESS.

[illegible] analysis [illegible] statistics, [illegible] statistics to which they refer.

Health Education

It is recommended:

(13) (a) THAT A DIVISION OF HEALTH EDUCATION BE ESTABLISHED AND THE FUNCTIONS OF THE PERSONS RESPONSIBLE FOR IT BE DEFINED AND THAT STATE FUNDS BE SOUGHT FOR ITS IMPLEMENTATION.

(1) One person to be responsible for promotion and publicity, as far as the State Board of Health is concerned, and for relationships with the press, together with such continuing functions as may be indicated in venereal disease education.

(2) One person to be responsible for organizing community resources for health education including group and agency stimulation, interpreting and planning, and for providing aid to other divisions and local health departments in these fields of organization and mass education through self initiated projects.

(b) THAT AN EFFORT BE MADE TO SECURE TWO ADDITIONAL PERSONS WELL TRAINED IN MODERN HEALTH EDUCATION TO BE ASSIGNED TO COUNTY OR MULTIPLE COUNTY HEALTH DEPARTMENTS TO DEMONSTRATE HOW TO MAKE THE MOST EFFECTIVE USE OF COMMUNITY RESOURCES.

Laboratories

It is strongly recommended:

(14) THAT, EVERY POSSIBLE EFFORT BE MADE TO SECURE A WELL-TRAINED CAPABLE DIRECTOR OF PUBLIC HEALTH LABORATORIES AS ONE OF THE MOST IMPORTANT NEEDS OF THE STATE DEPARTMENT OF HEALTH.

Additional quarters will eventually be necessary.

Preventive Medical Services

Disease Control and prevention

The State Board of Health at present has no epidemiologist. Since one of the basic functions of any health department is the study, control and prevention of disease, it is recommended:

SEC. 3. MEMBERS OF HEALTH COUNCILS TO MEET TIME AND PERFORM DUTIES. Members of the Health Councils shall meet at such times as may be required by the Secretary of Health and shall perform such duties as may be assigned to them by the Secretary.

(1) One person to be responsible for promotion and publicity, who shall be the State Board of Health in connection, and for full time with the press, together with such continuing functions as may be indicated in temporal disease education.

(2) One person to be responsible for organizing community resources for health education including group and agency stimulation, interpreting and planning, and for providing aid to other divisions and local health departments in these fields of organization and as education through suit initiated projects.

(3) THAT ANY PERSON BE ALLOWED TO SERVE TWO ADDITIONAL TERMS TO BE INSTITUTED TO COUNTY OR MUNICIPAL COUNTY MEDICAL SOCIETIES TO DEMONSTRATE HOW TO MAKE MEDICAL SERVICES,

SEC. 4. THAT ANY POSSIBLE MONEY BE MADE TO SECURE A TELE-DIAGNOSIS CLINICS DEPARTMENT OF PUBLIC HEALTH LABORATORIES AT ONE OF THE MOST IMPORTANT of the State Department of Health.

The State Board of Health is promulgating to Toxicologist. Since one of the basic functions of

(15) THAT, A PERSON WELL TRAINED AND EXPERIENCED IN DISEASE CONTROL AND PREVENTION BE EMPLOYED AS THE EPIDEMIOLOGIST OF THE STATE DEPARTMENT OF HEALTH.

Tuberculosis The Tuberculosis Division of the State Board of Health, in common with several other divisions, has but a single trained professional person. In a state the size of Oregon the placement of the responsibility for planning, administration, and field service in the hands of one person is unsound in that the job is more than one person can be expected to carry satisfactorily.

It is therefore recommended:

(16) THAT, A PHYSICIAN WELL TRAINED AND EXPERIENCED IN TUBERCULOSIS CONTROL AND PREVENTION, PARTICULARLY IN THE FAMILY COMMUNITY ASPECTS OF THE PROBLEM, BE ADDED TO THE STAFF OF THE TUBERCULOSIS DIVISION.

(17) THAT, LEGISLATION BE ENACTED AUTHORIZING THE STATE HEALTH OFFICER AND ALL FULL-TIME LOCAL HEALTH OFFICERS TO HOSPITALIZE ANY CASE OR SUSPECTED CASE OF TUBERCULOSIS.

(18) THAT, AT LEAST 100 ADDITIONAL BEDS BE PROVIDED FOR THE CARE OF THE TUBERCULOUS. THESE BEDS SHOULD BE AVAILABLE FOR TWO TYPES OF CASES.

(a) CASES NEEDING CUSTODIAL CARE BUT NOT IN NEED OF SANATORIUM CARE, AND

(b) FOR THE ENFORCED HOSPITALIZATION OF RECALCITRANT CASES WHICH REFUSE HOSPITALIZATION OR REFUSE TO ABIDE BY THE RULES AND REGULATIONS OF MODERN SANATORIUM TREATMENT.

If possible these beds should be provided as an additional wing or pavillion of the present University of Oregon State Tuberculosis Hospital. Such addition would obviously necessitate a full-time well trained medical director. The same contractural relationship could be maintained with the University of Oregon Medical School. This plan would have the distinct advantage of lowering the per diem cost of care which at present is apparently unusually high. If this recommendation for some reason seems unfeasible the 100 beds might be added to the State Tuberculosis Sanatorium at Salem.

5) THAT, A PERSON WHO IS NOT AND HAS NOT BEEN CONVICTED IN
[illegible] COURT [illegible] OF THE CRIME AND PUNISHMENT OF THE
[illegible] CONSENT OF THE ADULT GUARDIAN OF HEALTH.

[illegible] The Tuberculosis Division of the State
Board of Health, in common with several other
divisions, has had a ample trained professional
personnel. In a state the size of Oregon the placement of the responsibility for planning, administration, and field service in the hands of one person is unsound in that the job is more than one person can be expected to carry satisfactorily.

It is therefore recommended:

(16) THAT, A MEDICAL SOCIAL WORKER AND PUBLIC HEALTH NURSE
[illegible] BE ADDED TO THE STAFF OF THE TUBERCULOSIS DIVISION.

(17) [illegible] BE ADDED TO THE STAFF OF THE TUBERCULOSIS DIVISION.

(18) THAT, AT LEAST TWO CONSULTANT VISITS BE PROVIDED FOR EACH OF THE CLINICS. THESE VISITS SHOULD BE ALLOCATED FOR TWO TYPES OF CLINICS.

(a) CLINICS RENDERING CONSULTANT CLINIC BUT IN NEED OF SUPERVISION ONLY.

ABIDE BY THE RULES AND REGULATIONS OF HOSPITAL ADMINISTRATION TEMPORARILY.

It possible there needs should be provided as additional nurse as part of the personnel University of Oregon Medical School Hospital. Such additions would obviously necessitate a full-time staff training nurse director. The same contractual relationship could be established with the University of Oregon Medical School. This plan would have the distinct advantage of lowering the per diem cost of care which at present is appreciably unusually high. It this recommendation for some reason seems undesirable the INC need might be added to the Tuberculosis Sanatorium at Salem.

It should be understood that tuberculosis cases which are forcibly hospitalized, in the detention quarters just suggested, and are of the type which could be benefited by modern sanatorium treatment should be transferred to sanatorium care if and when they have demonstrated their willingness and ability to abide by reasonable rules and regulations for tuberculosis care and treatment.

Venereal Disease

It is recommended:

(19) THAT, A SECOND PHYSICIAN, TRAINED IN PUBLIC HEALTH WITH SPECIAL TRAINING AND EXPERIENCE IN VENEREAL DISEASE CONTROL, BE ADDED TO THE STAFF OF THE DIVISION OF VENEREAL DISEASE CONTROL TO PERMIT MORE FIELD SERVICE THAN IS NOW POSSIBLE.

(20) THAT, A MORE EFFECTIVELY COORDINATED AND PLANNED STATE-WIDE PROGRAM OF EDUCATION IN SOCIAL HYGIENE BE INSTITUTED.

Maternal and Child Health

The same remarks which were made concerning the need for additional professionally trained persons in the fields of tuberculosis and venereal disease control are applicable to an even greater extent to maternal and child health. At present there is only one physician in the Division of Maternal and Child Health. At one time there were two. The Division should have three physicians, the director to plan and administer the program, a well trained pediatrician with special training in public health to give consultation-advisory service to local health departments, and a well trained physician either an obstetrician or pediatrician to conduct the very important education program for which the licensing of maternity hospitals and homes provides the entree.

It is therefore recommended:

(21) THAT, TWO PHYSICIANS, BOTH PEDIATRICIANS OR ONE PEDIATRICIAN AND ONE OBSTETRICIAN, WITH, IF POSSIBLE SPECIAL PUBLIC HEALTH TRAINING, BE ADDED TO THE STAFF OF THE DIVISION OF MATERNAL AND CHILD HEALTH.

For the present it would seem wise to retain Nutrition in the Division of Maternal and Child Health but it seems probable that eventually there should be a separate Division of Nutrition.

It should be understood that tuberculosis cases which are locally recognized, in the execution quarters just suggested, and are of the type which could be benefited by modern sanatorium treatment should be transferred to sanatorium care if and when they have demonstrated their willingness and ability to abide by reasonable rules and regulations for tuberculosis care and treatment.

It is recommended:

(15) THAT A SECOND PHYSICIAN, TRAINED IN PUBLIC HEALTH WITH SPECIAL TRAINING AND EXPERIENCE IN TUBERCULOSIS DISEASE CONTROL, BE ADDED TO THE STAFF OF THE DIVISION OF TUBERCULOSIS CONTROL TO PROMPTLY WORK

(RD) THAT A MORE MODERN COOPERATIVE AND PLANNED PROGRAM OF EDUCATION IN SOCIAL HYGIENE BE INSTITUTED.

Personal and Child Health

The same reasons which were made concerning the need for additional professionally trained personnel in the fields of tuberculosis and venereal disease control are applicable to an even greater extent to maternal and child health. It presents there is only one physician in the Division of Maternal and Child Health. At one time there were two. The Division should have three physicians, the director to plan and coordinate the program, a well trained physician with special training in public health to give consultation-advisory service to local health nurse, and a well trained physician either on obstetrics or pediatrics to conduct the very important supervision program for which the licensing of maternity hospitals and homes provides the entree.

It is therefore recommended:

(21) THAT TWO PHYSICIANS, BOTH PEDIATRICIANS OR ONE PEDIATRICIAN AND ONE OBSTETRICIAN, WITH, IF POSSIBLE, SPECIAL PUBLIC HEALTH TRAINING, BE ADDED TO THE PUBLIC HEALTH STAFF OF THE DIVISION OF MATERNAL AND CHILD HEALTH.

For the present it would seem wise to retain Tuberculosis in the Division of Maternal and Child Health but it seems probable that eventually there should be a separate Division of Tuberculosis.

Public Health Dentistry

It is unfortunate that the dental program is not at present able to function at full efficiency because of the lack of a dentist on the State Board of Health Staff. Dentistry has been a part of the Division of Maternal and Child Health. This would seem to imply that public health dentistry did not apply to persons other than those included in the maternal and child health field. This is of course not true, for public health dentistry may well function in Tuberculosis Control, and in Adult and Industrial Hygiene.

It is therefore recommended:

(22) THAT, A DIVISION OF PUBLIC HEALTH DENTISTRY BE ESTABLISHED AND THAT STATE FUNDS BE SOUGHT TO ASSIST IN ITS SUPPORT.

Crippled Children

At present the program for the care of Crippled Children is conducted by the University of Oregon Medical School and is without a full-time administrator. The Crippled Children's program belongs logically in the Division of Maternal and Child Health and certainly needs a full-time administrator.

It is recommended:

(23) THAT, A FULL-TIME ADMINISTRATOR BE SECURED FOR THE CRIPPLED CHILDREN'S PROGRAM AND THAT IT BE TRANSFERRED FROM THE UNIVERSITY OF OREGON MEDICAL SCHOOL TO THE DIVISION OF MATERNAL AND CHILD HEALTH OF THE OREGON STATE BOARD OF HEALTH.

The program in Industrial Hygiene seems to be progressing satisfactorily and it is gratifying to note that there appear to be satisfactory and effective working relationships between the Division of Industrial Hygiene and the Industrial Accident Commission. The Director of the Division of Industrial Hygiene, in keeping with the plans and policies of several other state divisions of industrial hygiene, believes that the program, using industrial hygiene as the entree, will eventually develop into a broad program of adult health involving not only the worker but his family as well.

It is recommended:

(24) THAT, THE NAME OF THE DIVISION OF INDUSTRIAL HYGIENE BE CHANGED TO THE DIVISION OF ADULT AND INDUSTRIAL HYGIENE AND THAT STATE FUNDS BE SOUGHT TO ASSIST IN ITS SUPPORT.

(25) THAT, THE DIVISION OF INDUSTRIAL HYGIENE WORK WITH THE INDUSTRIAL ACCIDENT COMMISSION TOWARD THE DEVELOPMENT OF A PROGRAM DESIGNED TO BRING ABOUT A STUDY OF AND COMPREHENSIVE APPROACH TO THE WHOLE PROBLEM OF OCCUPATIONAL DISEASES.

Mental Hygiene

The program in mental hygiene apparently had an auspicious beginning but unfortunately had to be abandoned because of a shortage of psychiatric service due to the war. The entire field of rehabilitation including mental rehabilitation seems destined to be one of the most important post war problems. It is therefore to be hoped that the Division of Mental Hygiene will be reestablished at the earliest possible moment.

It is recommended:

(26) THAT, THE DIVISION OF MENTAL HYGIENE BE REESTABLISHED AS SOON AS POSSIBLE AND THAT STATE FUNDS BE SOUGHT TO AID IN ITS SUPPORT.

Public Health Nursing

It is recommended:

(26a) THAT, ONE ADDITIONAL WELL TRAINED GENERAL ADVISORY PUBLIC HEALTH NURSE WITH SPECIAL TRAINING IN VENEREAL DISEASE CONTROL BE EMPLOYED IN THE DIVISION OF PUBLIC HEALTH NURSING.

Efforts are already being made to fill this position which is provided for in the budget.

At present there are some 15 public health nursing vacancies in full-time county health departments. Some thirteen nurses are working in unorganized health areas, that is areas without full-time health service. This situation should be studied carefully to determine whether some of the nurses working in unorganized areas could more profitably be assigned to fill vacancies in full-time health departments.

The program in mental hygiene appears to be adequately budgeted but unfortunately tied to be abandoned because of a shortage of psychiatric service in the war. The entire field of rehabilitation including mental rehabilitation seems destined to be one of the most important post war problems. It is therefore to be hoped that the Division of Mental Hygiene will be reestablished at the earliest possible moment.

ENVIRONMENTAL SANITATION

The important field of environmental sanitation is sadly depleted as to personnel at both state and local levels. The Division of Public Health Engineering has at present but two engineers and a sanitarian. Only 7 of the nineteen full-time county health departments or 37 per cent have even a single sanitary officer. This is a truly serious situation. The Divisions of Bedding and Upholstering and Camp and Resort Sanitation have only such field service as can be provided by the directors themselves.

It is recommended:

(27) THAT A SECTION OF ENVIRONMENTAL SANITATION BE ESTABLISHED AND THAT IN IT BE PLACED THE ALREADY EXISTANT DIVISIONS OF PUBLIC HEALTH ENGINEERING, PLUMBING, CAMP AND RESORT SANITATION, RODENT CONTROL, AND BEDDING AND UPHOLSTERING TOGETHER WITH TWO NEW DIVISIONS OF MILK, AND MEAT AND OTHER FOODS AND FOOD PRODUCTS.

(28) THAT, AT LEAST TWO WELL TRAINED PUBLIC HEALTH ENGINEERS BE ADDED TO THE STAFF OF THE DIVISION OF PUBLIC HEALTH ENGINEERING.

(29) THAT, EVERY EFFORT BE MADE TO RECRUIT SANITARY OFFICERS FOR LOCAL HEALTH DEPARTMENTS, VERY LIKELY THROUGH RETURNED SERVICE MEN, AND THAT A SHORT COURSE IN SANITATION INCLUDING THE CONTROL A ND SUPERVISION OF MILK, MEAT AND OTHER FOODS AND FOOD PRODUCTS BE ARRANGED. IT IS QUITE POSSIBLE THAT THE UNIVERSITY OF CALIFORNIA MIGHT BE ABLE TO PROVIDE SUCH A COURSE.

(30) THAT, A NEW DIVISION OF MILK CONTROL AND SUPERVISION BE ESTABLISHED WITH AT LEAST ONE WELL TRAINED AND EXPERIENCED MILK SPECIALIST TO RENDER CONSULTATION ADVISORY SERVICE TO LOCAL FULL-TIME HEALTH DEPARTMENTS.

(31) THAT, A NEW DIVISION OF MEAT AND OTHER FOODS AND FOOD PRODUCTS BE ESTABLISHED WITH AT LEAST TWO PERSONS, ONE A WELL TRAINED VETERINARIAN, THE OTHER A PERSON WELL TRAINED IN FOOD SANITATION, TO RENDER CONSULTATION ADVISORY SERVICE TO FULL-TIME HEALTH DEPARTMENTS.

(32) THAT, THE DIVISIONS OF CAMP AND RESORT SANITATION AND BEDDING AND UPHOLSTERING EACH ADD AT LEAST ONE WELL TRAINED PERSON TO THEIR STAFFS IN ORDER TO MAKE POSSIBLE MORE FIELD SERVICE.

(33) THAT, THE STATE DEPARTMENT OF AGRICULTURE AND THE STATE BOARD OF HEALTH AGREE TO A PLAN BY WHICH THE DEPARTMENT OF AGRICULTURE WILL CONTINUE TO EXERCISE CONTROL AND SUPERVISION OF MILK, MEAT AND OTHER FOODS AND FOOD PRODUCTS IN ALL AREAS OF THE STATE WHICH DO NOT HAVE FULL-TIME HEALTH DEPARTMENTS BUT WILL AUTHORIZE SUCH CONTROL AND SUPERVISION (PERHAPS BY DEPUTIZING LOCAL HEALTH OFFICERS OR SANITARIANS) BY LOCAL HEALTH DEPARTMENTS IN ALL AREAS HAVING FULL-TIME LOCAL HEALTH DEPARTMENTS.

This is unquestionably one of the most important recommendations of the entire report and every effort should be made to secure its adoption.

Local Health Service

In many respects the Section of Local Health Service is the most important in the entire state health program. As stated previously the plan of having the Assistant State Health Officer the Director of Local Health Service is in keeping with good administrative practice. The weakness of the Division of Local Health Service in Oregon is obviously that it has no staff, other than the director, to give field service which is its primary function.

In order to understand fully the full importance of the Section of Local Health Service it seems wise to review very briefly the responsibilities of a state department of health.

The primary functions of a State Department of Health are:

(1) To develop broad public health plans and policies for the State as a whole avoiding such detail as would tend to make it difficult to take into consideration local interests, needs and potentialities, in their local application;

(2) To translate these state-wide broad plans and policies into effective local action wherever possible through full-time local health departments reserving for direct service only those highly professional or technical services which are unfeasible or uneconomical of local procurement.

Functions of Sections and Divisions

The functions of the section and division chiefs are:

(1) To develop broad plans and policies which when approved by the State Health

This is unquestionably one of the most important recommendations of the survey and every effort should be made to secure its adoption.

Local Health Service

In many respects the Section of Local Health Service is the most important in the entire State Board program. As stated previously the plan of having the Assistant State Health Officer the Director of Local Health Service is in keeping with good administrative practice. The weakness of the Division of Local Health Service in Oregon is obviously that it has no staff, other than the Director, to give local service which is the primary function.

In order to understand fully the full importance of the function of Local Health Service it seems wise to review very briefly the responsibilities of a State Department of Health.

The primary functions of a State Department of Health are:

(1) To develop local public health plans and policies for the State as a whole evolving such detail as would tend to make it difficult to have into communities local interests, needs and peculiarities, in their local application;

(2) To consolidate these state-wide broad plans and policies into effective local action wherever possible through full-time local health departments for direct service only where adequate local or combined services which are unfeasible or uneconomical of local management.

Functions of the section and division

(1) To develop broad plans and policies

Officer become the plans and policies for the state as a whole as applied to public health;

(2) To render directly those services which can not be carried on adequately locally; (These should be reduced to a minimum.)

(3) To furnish intensive field service to those areas in which the consultation-advisory field staff (hereafter to be discussed) has determined a need;

(4) To render only emergency services in areas without full-time health departments;

(5) To administer the functions referred to.

Functions of Local Health Service

The functions of the Section of local Health service are:

(1) To render such consultation-advisory field service as will assist local health departments in translating the broad plans and policies of the State Department of Public Health into effective local action taking into full consideration local interests, needs and potentialities. In short this is a service designed to bring about local health programs balanced to meet local problems and needs.

(2) To cooperate with the Division of Health Education in the development of a program of health education designed to promote the establishment of full-time health departments in areas not now covered by full-time service, the boundaries of health jurisdiction to follow an economical predetermined plan.
(See Doctor Haven Emerson's plan "Units of Local Health Service for All the States",*

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*A Progress Report of the Subcommittee on Local Health Units, of the Committee on Administrative Practice, American Public Health Ass'n.

(3) To furnish intensive field service to those areas in which the consultation-advisory field staff (hereafter to be discussed) has determined a need;

(4) To render only emergency services in areas

(5) To administer the functions returned to.

The functions of the Section of Local Health Service are:

(1) To render such consultation-advisory field service as will assist local health departments in translating the broad plans and policies of the State Department of Public Health into effective local action taking into full consideration local interests, needs and potentialities. In short it is to organize desirable to bring about local health programs balanced to meet local problems and needs.

(2) To cooperate with the Division of Health Education in the development of a program of health education designed to promote the establishment of full-time health departments in areas not now covered by full-time service, the foundations of health protection to follow on conventional previsioned plan.

(See Dealing Here's Plan "Units

The most important needs of the entire state health program, in the opinion of the surveyor, are for a strong, well-developed Section of Local Health Service, with a strong Division of Health Education as an important and necessary adjunct to this service.

Although in charge of a well-trained director, the present Division of Local Health Service, from the standpoint of personnel, is totally incapable of assuming adequately its proper functions, and there is no Division of Health Education.

Consultation-Advisory Field Staff

As an essential means of enabling the Section of Local Health Service to assume its responsibility, it is recommended:

(34) (a) THAT A STRONG CONSULTATION-ADVISORY FIELD STAFF BE ESTABLISHED IN THE SECTION OF LOCAL HEALTH SERVICE.

The Director of a section or division is appointed to that position because of his special training and experience in a particular field. As already stated, the principal function of the director of any service is to develop plans and policies in his or her specialty which, when approved by the State Health Officer, become the plans and policies of the Department. It is also his function to render directly, from the state level, those few services which can not be carried on locally.

Basically, the essential function of the State Department of Public Health, with the advice and assistance of its divisions, is to translate approved plans and policies into effective local action. To accomplish this, obviously there is need for field service. The administrative officers of the Department and the divisional directors and their associates are engaged mainly in developing plans and policies and in general administrative duties. There is little time available for field service.

At present each of the separate divisions renders some service to local areas. The service is spasmodic, and totally uncoordinated. In most instances it is furnished upon request of the area or in "trouble shooting". In some divisions, the field service is truly of a constructive consultation and advisory nature. In others it is largely a direct service, and in some divisions there is very little field service of any kind. The impact of such uncoordinated service on local health officers and local health departments can be and often is most unfortunate. That it could and often does result in unbalanced local programs is evident.

The eventual evaluation of any state department of health depends upon its success in establishing or having established full-time local health departments maintaining continually progressive programs geared to meet local needs.

In order to give continuous periodic field service to all full-time local health departments, there must be a group of professionally trained persons in the field constantly--persons who have no central office duties other than to attend periodic conferences. In order to prevent an imbalance of local program it would seem entirely logical to place this field staff under the administration of the section whose particular function it is to translate departmental plans and policies into effective local action balanced to meet local needs--namely, the Section of Local Health Service.

The primary objective in establishing such a consultation-advisory field staff is to bring about a more effective relationship between the State Department of Health and local health departments through planned periodic visitation by professionally trained personnel, and emphasizing balanced local programs by obtaining a complete composite picture of strengths and weaknesses of a local program.

The minimum personnel for such a consultation-advisory field staff should consist of:

(a) A person particularly well trained in general public health administration, preferably a former county or city health officer but, in any event, a person with broad administrative experience;

(b) One or more sanitarians with superior qualifications;

(c) At least one or more well trained statistical clerks.

To this group might well be added a representative in health education, perhaps a nutritionist, and possibly a public health dentist. It will be noted that this minimum contemplated personnel does not represent specifically some of the various phases of public health such as epidemiology, maternal and child health, laboratories, tuberculosis, and venereal diseases. While there would seem to be no objection to adding such representatives, they have been omitted in the thought that since the primary objective of this service is to bring about a coordinated and balanced program, the public health administrator should be able to observe the general interest in and adequacy of programs in venereal diseases, tuberculosis, et cetera. It will be noted that a sanitarian with superior qualifications rather than a public health engineer has been

The eventual evaluation of any State department of health
depends upon the success in establishing an [illegible] local health department, voluntary or [illegible]
to provide [illegible] needs.

In order to give continuous medical field service to all
full-time local health agencies, there must be a group of
[illegible] trained persons to [illegible] consultant-[illegible]
[illegible] no annual [illegible] more often to extend periodic
[illegible] services. In order to [illegible] of local programs
it would seem entirely logical to place this field staff under
the administration of the division whose particular function it is
to [illegible] departmental plans and policies into effective local
[illegible] on balanced to meet local requirements, the Section of Local
Health Service.

The primary objective in establishing such a consultation-
advisory field staff is to help about a more effective relation-
ship between the State Department of Health and local health
departments through [illegible] by professionally
trained personnel, and emphasizing [illegible] local programs by
training a complete competent picture of strengths and weaknesses
in a local program.

The minimum personnel [illegible] such a consultation-advisory field
staff should consist of:

(a) A person particularly well trained in general public health administration, preferably a former county or city health officer but, in [illegible],

(b) One or more sanitarians with supervision;

(c) At least one or more well trained clerical clerks.

[illegible] group might well be given a representative in mental [illegible], perhaps a nutritionist, and possibly a public health [illegible]. It will be noted that this minimum contemplates [illegible] to observe the general trends in [illegible] trained personnel in various [illegible] areas. Whenever it will be [illegible] to [illegible] [illegible] [illegible] [illegible]

recommended for this field staff. This has been done in the belief that the well qualified sanitarian will always seek, and advise the local sanitarian to seek, the advice of the public health engineer when needed and that the sanitarian is far more interested than the engineer in the day to day problems of the local sanitary officer and will therefore be of greater help to him.

The public health administrator should have no assignment to any division or bureau and should be responsible solely to the Director of the Section of Local Health Service.

The nurse, the pediatrician, the sanitarian and the clerk should be found, if possible, among the present employees of the Department.

In thinking of the development of this field service, one should bear in mind the fact that local health officers and other local health personnel will welcome periodic visitations only provided the personnel in the field staff has adequate professional training and experience, and provided further that the approach of such service is on the basis of a coordinated balanced program rather than one of special interest or pressure group.

It should also be borne in mind that this is by no means all the field service which is to be rendered by the State Department of Health. In the first place, this field service is for the benefit of full-time health areas. Secondly, in spite of the fact that it has to some extent specialized trained observers, it is a generalized service designed to render periodic rather than intensive service and to make possible a composite picture or diagnosis of strenths or weaknesses, interest or lack of interest, which will point the way for more intensive field service where such is needed.

This means then that field personnel <u>other</u> than members of the Consultation-Advisory Field Staff have four distinct functions:

(a) To render those direct services which can not be rendered adequately by the local department;

(b) To give field service in unorganized areas which are unable to carry on generalized balanced programs;

(c) To render service specifically requested by local health departments; and,

(d) To furnish intensive field service in those areas and in those fields in which the composite diagnosis of the Consultation-Advisory Field Staff has indicated a need.

It should be emphasized again that the Consultation-Advisory Field Staff is not designed to encompass the entire field service; it has specific purposes as briefly outlined in preceding paragraphs.

Although the field staff as such would have no specific functions in unorganized areas, the general public health administrator of the staff plus a well trained representative of health education do have an important function to perform in such areas.

Their function, after first having determined the specific areas susceptible of local health service development among the present unorganized areas, is to develop a program designed to bring about full-time county or multiple county health departments in such areas. This obviously requires a basic and perhaps relatively long term program of health education involving, first, a study of health problems, facilities and needs of the proposed health area and, second, the development of a sound permanent plan for meeting these needs, which is the establishment of a full-time department. The role of the health educator in the program is to stimulate local groups or agencies to undertake self studies of health problems and needs and later to develop a plan for their solution. The role of the public health administrator is to assist in supplying basic data essential to the study, to interpret the study to the group or groups undertaking it and later to explain how a full-time local health department can be established.

In order to provide smoothly effective relationships between the Section of Local Health Service and the other divisions of the Department, with maximum benefit to local health services, it is advisable to adopt the following policies and procedures:

(a) Personnel on the field staff should be top-notch people and should be acceptable to all bureaus concerned.

(b) Field schedules for each member of the field staff should be prepared a month in advance and copies sent by the Director of Local Health Service to the Administrative Office and to all divisional directors.

(a) To furnish laboratory field services in those areas and to those fields in which the composite diagnosis of the Consultation-Advisory Staff has indicated a need.

It should be emphasized again that the Consultation-Advisory Staff is not designed to encompass the entire field services; it has specific purposes as briefly outlined in preceding paragraphs.

Although the field staff as such would have no specific functions in unorganized areas, the general public health supervision of the staff plus a well trained supervisory personnel with educational qualifications would have an important function to perform in such areas.

Their function, other than having determined the specific areas susceptible of local health service development among the present unorganized areas, is to develop a program designed to bring about full-time county or multiple county health departments in such areas. This obviously requires a basic and persistent relatively long term program of health education involving: first, a survey of health problems, facilities and needs of the proposed health area; second, the development of a sound permanent plan for meeting these needs, which is the establishment of a full-time department. The role of the health educator in this connection is to stimulate local groups or agencies to understand and recognize health problems and needs and later to develop a plan for their solution. The role of the public health administrative specialist is to supply basic data essential to the survey, to interpret the survey to the group or groups undertaking it and to assist in its implementation.

In order to provide smoothly effective relationships between the Section of Local Health Service and the other divisions of the Department, with maximum benefit to local health services, it is desirable to adopt the following policies and procedures:

(a) Personnel on the field staff should be top-notch people and should be acceptable to all persons concerned.

(b) Plans and budgets for each member of the field staff should be presented a month in advance and cycles sent to the Director of Local Health Service to the Administrative Office and to [illegible].

(c) Field personnel must not advocate or approve change of policies or techniques approved by the Department. If a change seems desirable in a certain area, the suggested change must be discussed with the division director to whom the policy applies and with the Chief of the Division of Local Health Service.

(d) The entire consultation-advisory field staff should report at the Central Office for regularly assigned periodic conferences, at least once each month, perhaps more frequently in the early developmental stages of the program. Notations of such conferences should be included in the field schedules sent to the administrative office and to divisional directors. The conferences should be attended by the Director of the Section of Local Health Service, the general administrative staff, the divisional directors, and, obviously, the field staff. The conferences should prove invaluable in presenting a composite picture of local health units by focusing attention upon strengths and weaknesses in such manner as to indicate clearly what future service is needed.

(e) If written reports of field personnel are required, they should be presented to both the Director of Local Health Service and the director of the division of which the individual is a member. Copies of the report of the consultant in public health administration should be sent to all division directors whose specialties are concerned in the report.

It is urged that this consultation-advisory field staff be established immediately.

Full-time Health Services for Areas Now Without Them

At present 15 counties, representing but about 10 per cent of the population but more nearly 50 per cent of the area of the state, do not have full-time health departments. Many of these counties are too sparsely populated to justify single county health departments.

A committee of the American Public Health Association* recently submitted to each of the states a tentative outline for developing full-time health services which would cover the entire state. This plan has been reviewed by the State Health Officer and the Director of Local Health Service and revised to meet the possibilities and needs of Oregon. There is then in the central office of the State Department of Public Health a plan for developing full-time health service for the entire state.

This plan can be put into effect if and when the people, living in areas not enjoying full-time health service, become fully aware of the need for and value of such service and are willing to assist in supplying it. A sound program of health education would seem to form the necessary basis for implementing the plan.

It is recommended:

(35) (b) THAT A WELL QUALIFIED PUBLIC HEALTH ADMINSTRATOR AND A WELL QUALIFIED HEALTH EDUCATOR DEVELOP A PROGRAM OF HEALTH EDUCATION, (IN AREAS NOT NOW HAVING FULL-TIME HEALTH SERVICE,) DESIGNED TO BRING ABOUT WIDESPREAD UNDERSTANDING OF THE NEED FOR AND VALUE OF FULL-TIME HEALTH SERVICE AS THE NECESSARY MEANS OF MEETING LOCAL HEALTH PROBLEMS EFFECTIVELY.

(36) THAT, THE DIVISION OF HEALTH EDUCATION WORK CLOSELY WITH THE OREGON TUBERCULOSIS ASSOCIATION AND ITS AFFILIATED COUNTY HEALTH ASSOCIATIONS TOWARD THE IMPLEMENTATION OF THOSE RECOMMENDATIONS IN THIS REPORT FOR WHICH WIDESPREAD PUBLIC UNDERSTANDING AND SUPPORT ARE NECESSARY.

While all of the foregoing recommendations are thought to be important, it is the opinion of your surveyor that the most important are:

(1) That a consultation-advisory field staff be provided in the Section of Local Health Service.

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*SubCommittee on Local Health Units, Haven Emerson, M. D.- Chairman.

(2) That qualifications be provided for the state health officership.

(3) That a well trained and capable director for the laboratory be employed.

(4) That a Division of Health Education be established.

(5) That more state funds be provided for public health protection in Oregon.

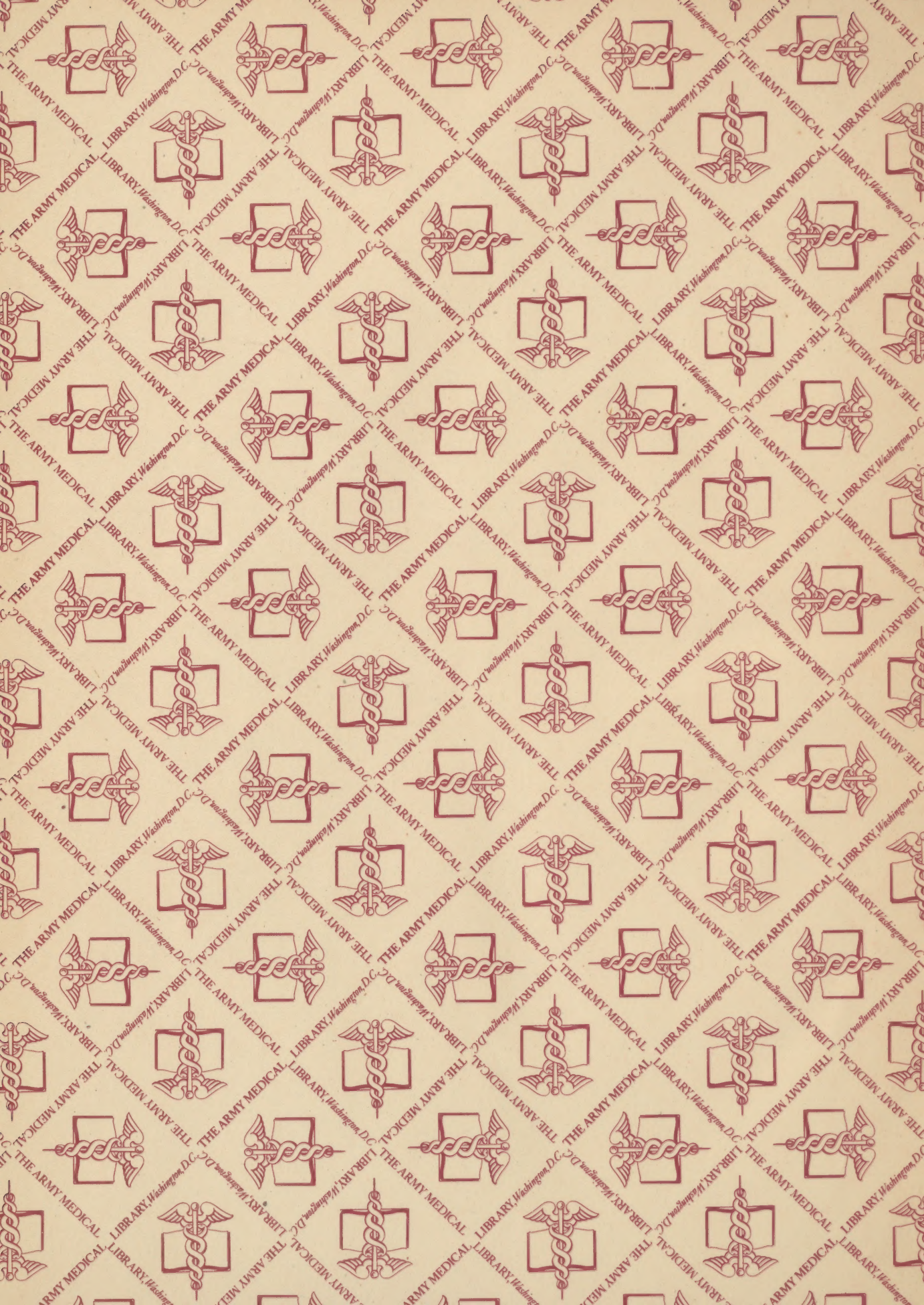
(6) That additional beds for certain types of tuberculosis cases be provided.

(7) That the Division of Health Education work closely with the Oregon Tuberculosis Association and its affiliated County Health Associations and other health agencies and groups toward the implementation of those recommendations in this report for which widespread public understanding and support are necessary.

(8) That a careful study of the Merit System be made looking toward an upward revision of professional salaries and the inclusion of some adequate retirement plan.

(9) That local full-time health departments be made responsible for the control and supervision of milk, meat and other foods and food products and food handling establishments.

The Oregon health program is sound, but it has not been sufficiently developed to provide the health protection which the people need and have a right to expect. If the principal recommendations of this report can be put into effect, the Oregon program will compare favorably with any of our states. The ultimate success of providing adequate health protection services will depend upon a well planned continuous program of health education.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